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1. File Number U - <u>10985</u>	2. Fiscal Year Covered From: <div>1 / 31 / 2004 Through: 12 / 31 / 2004</div>
3. Name and address of person filing. Name <u>Deven</u> <u>F</u> <u>Johnson</u> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <u>3921 E Main Ave</u> City <u>Spokane</u> State <u>Washington</u> ZIP Code + 4 <u>99202-4736</u>	4. Name, file number, and address of labor organization. Name <u>OP & CMIA Local 72</u> Labor Organization File Number <u>026394</u> P.O. Box, Building and Room Number, if any <input type="text"/> Street <u>3921 E Main Ave</u> City <u>Spokane</u> State <u>Washington</u> ZIP Code + 4 <u>99202-4736</u>
5. Position in labor organization. <u>Business Manager</u>	

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input style="width: 90%;" type="text"/> Trade Name, if any: <input style="width: 90%;" type="text"/> P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/> Street <input style="width: 90%;" type="text"/> City <input style="width: 90%;" type="text"/> State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/>	7.a. Nature of Interest, Transaction, or Income. <div style="border: 1px solid black; height: 150px; margin-bottom: 10px;"></div> 7.b. Amount. <div style="border: 1px solid black; width: 150px; height: 40px; margin: 0 auto; text-align: center; line-height: 40px;">0</div>

15. **Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed  On 8/12/05 (509) 326-0575
Date Telephone Number

Name of Person Filing Deven Johnson

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

Washington

ZIP Code + 4

9. Business deals with:

☐

a. Labor Organization

☒

b. Trust

☐

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

N.W. Laborers Employers Health & Security Tr

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

201 Queen anne Avenue North

City

Seattle

State

Washington

ZIP Code + 4

98109-4896

11.a. Nature of such dealing.

Trust Fund paid for expense of attending annual Health & Security meeting.

11.b. Approximate dollar value of such dealing.

\$646

12.a. Nature of interest held or income received.

12.b. Amount.

\$ 646

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Washington Capital Management

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

1301 Fifth Ave Suite 1500

City

Seattle

State

Washington

ZIP Code + 4

98101-2632

14.a. Nature of payment

WCM provided four rounds of golf during reporting period.

13.b. Is the Business an Employer ☐or Consultant ☒

?

14.b. Amount of payment.

\$227